

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

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COVER PAGE

CALIFORNIA  
FORM 460

Page 1 of 1

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 01/01/2013  
through 02/16/2013

Date of election if applicable:  
(Month, Day, Year)  
04/02/2013

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)
- ☒ General Purpose Committee  
☒ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

- ☒ Preelection Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)
- ☒ Amendment (Explain below)  
correcting cover page
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1324265

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Glendale Teachers Public Education Improvement Fund

STREET ADDRESS (NO P.O. BOX)

3233 N. Verdugo Rd.

| CITY     | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| Glendale | CA    | 91208    | 818-240-3924    |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Taline Arsenian

MAILING ADDRESS

3233 N. Verdugo Rd.

| CITY     | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| Glendale | CA    | 91208    | 818-240-3924    |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 08/19/2013  
Date

Executed on  
Date

Executed on  
Date

Executed on  
Date

By   
Signature of Treasurer or Assistant Treasurer

By  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By  
Signature of Controlling Officeholder, Candidate, State Measure Proponent